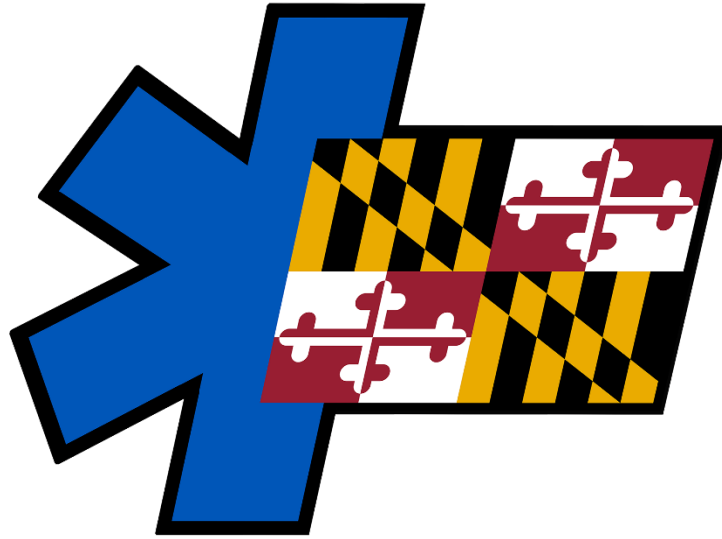


Maryland Institute for Emergency Medical Services Systems



Office of Care Integration

Designated Comprehensive Stroke Center

Re-Designation Application

2025

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1 GENERAL INFORMATION AND INSTRUCTIONS

1.1 INTRODUCTION

The Maryland Institute for Emergency Medical Services Systems (MIEMSS) will accept applications from acute care hospitals currently designated as Thrombectomy Capable Primary Stroke Centers that wish to be considered for re-verification of Comprehensive Stroke Center designation under Code of Maryland Regulations (COMAR) 30.08.11, Designated Comprehensive Stroke Center Standards.

1.2 DESIGNATION PERIOD

The period for the re-verification of Comprehensive Stroke Center designation opens upon the application deadline advertised in the Maryland Register. The designation period remains open until final designation determinations are made for all applicants. MIEMSS will officially announce the re-verifications at the period's close.

1.3 CONTENTS OF APPLICATION PACKAGE

All applications must be submitted in the form of an electronic "Application Package," containing the application and all supporting information and documents that are required for the specific designation. All applications must be typewritten.

MIEMSS shall provide each applicant with a link to submit applications.

All Application Packages submitted to MIEMSS become final effective with the announced submission deadline date. Applicants will not be permitted to make adjustments or modifications to an Application Package after the effective deadline date. Applications and support documentation may be modified or exchanged prior to the deadline date.

1.4 FINAL SUBMISSION DEADLINE

The application must be uploaded no later than 3PM, Friday, October 20, 2025.

1.5 APPLICATION REVIEW

MIEMSS' staff will examine all Application Packages to determine completeness and compliance with regulation specifications. All applications must be completed in accordance with the instructions set forth in this package and all information must be provided in its entirety prior to the submission deadline date. No suppositions will be made relative to missing information or to the applicant's failure to provide a complete application package. Therefore, applicants must provide a response to all questions set forth in these instructions.

If MIEMSS staff upon their initial review determines the application to be incomplete, the applicant will have an opportunity to provide information or missing documentation to complete their application. The applicant may subsequently return the amended application package to MIEMSS within 30 days of notification of the incomplete application.

Any application can be denied if it is determined to be incomplete or if it deviates from the criteria in COMAR 30.08, or from the requirements contained herein. MIEMSS reserves the right to deny any or all applications.

All materials submitted by an applicant with their application package shall become the property of MIEMSS and shall be subject to applicable laws and regulations.

1.6 COSTS RELATED TO DESIGNATION

All costs incurred by an applicant in relationship to the preparation and submission of an Application Package will be the sole responsibility of the applicant and shall not be subject to any reimbursement by MIEMSS.

The applicant will be responsible for all costs and payments associated with an on-site survey, which may be performed as a component of the designation process.

Costs associated with an appeal related to a designation determination, a denial of an application, or an adjustment to the designation level is the sole responsibility of the applicant. MIEMSS shall not be responsible for any costs or liabilities associated with, or incurred by, the applicant that are related to complying with designation criteria or providing patient care as a result of a designation as a Comprehensive Center.

1.7 SITE SURVEYS

Site surveys will be conducted based on the criteria in COMAR 30.08.02.10. The members and composition of the survey team will be selected and/or designated by MIEMSS under COMAR 30.08.02.10. The names and professional standing(s) of the survey team members will be disclosed to the applicant in advance of a site survey visit. The applicant will have an opportunity to challenge the inclusion of any survey team member(s) for conflict of interest concerns.

The survey team and/or MIEMSS staff will review patient care and Comprehensive Center program records. Their findings will complement the general information provided in the Application Package. The survey date, interview list, chart review format and other details of the survey will be disclosed to the applicant approximately 30 days before the site survey.

1.8 NON-COMPLIANCE

All applicants shall be in compliance with the standards in COMAR 30.08 at the time of application. In cases where the applicant is not in compliance with those standards but has demonstrated its full commitment to comply with those standards within a defined time frame, the applicant shall identify the area of noncompliance and provide an explanation specifying:

- 1.8.1** The details of non-compliance;
- 1.8.2** An action plan to achieve compliance, and
- 1.8.3** A projected time line for the action plan.

Non-compliance with a standard that is not disclosed during the application period may result in the subsequent denial of a designation. However, identification of a non-compliant area and a plan of corrective action do not guarantee designation. All such considerations will be at the discretion of MIEMSS and will be based on recommendations of the site survey team and MIEMSS staff.

1.9 EVALUATION CRITERIA

Factors considered in the re-verification of designation process may include:

- 1.9.1** The submitted electronic application;
- 1.9.2** The site survey, if applicable;
- 1.9.3** The report and recommendations from the MIEMSS site review team if applicable;
- 1.9.4** The information relative to patient outcomes that was obtained during any previous designation time period, if applicable;
- 1.9.5** The applicant's ability to meet the needs of the specific region or applicable geographic area;
- 1.9.6** The ability of the applicant to comply with the regulations governing the Maryland Trauma and Specialty Referral Care System; and
- 1.9.7** Any other information deemed relevant by MIEMSS.

1.10 STATE DISCLAIMER

This Application Package does not commit or require MIEMSS to designate a hospital as a Comprehensive Stroke Center or to reimburse any costs incurred in the preparation of an application in response to this request.

MIEMSS reserves the right to:

Accept or reject any or all applications received as a result of the request for applications,

Negotiate with a qualified applicant regarding the restructuring of any element(s) or system design, or

Cancel the call for applications in part or in its entirety.

If a facility receives re-verification as a designated Comprehensive Stroke Center, MIEMSS makes no representations concerning the number or the acuity of any or all patients that may be subsequently transported to that designated center.

If information in any part of this application is incongruous with State or federal statutes or regulations, such statutes or regulations shall take precedent over statements or information contained in this application.

2 APPLICATION PACKAGE FORMAT AND CONTENT

2.1 APPLICATION FORMAT

The format of the application shall be as follows:

- Font: Times New Roman or Arial.
- Font size: 12.
- Margins: 1 inch top/bottom; 1.25 inches left/right.
- Page number: Bottom center. All pages including forms, appendices and exhibits must be numbered consecutively.
- Spacing: Single space text. Double space between paragraphs and section breaks.
- Justification: Left justify text.
- Tabs: Applications, appendices and exhibits must be tabbed for ease of reference.

2.2 APPLICATION CONTENT

Each application shall be prepared and presented as described in this section. Each application shall show compliance with the applicable section of COMAR 30.08, and provide the required documentation specified in these application instructions.

The following sections are required:

- 2.2.1** Cover letter;
- 2.2.2** Table of contents;
- 2.2.3** Executive summary;
- 2.2.4** Narrative description; and
- 2.2.5** Required appendices, exhibits, and tables.

3 APPLICATION PACKAGE SECTIONS

3.1 COVER LETTER

In this section, the applicant shall express its intent to seek re-verification as a designated Comprehensive Stroke Center. The person authorized to bind the applicant to agreements must sign the cover letter. Only the signature of the individual who is/are authorized to legally bind the applicant will be accepted as an authorizing signature on the submitted application.

****THE LETTER OF INTENT SUBMITTED BY YOUR CEO THIS YEAR SATISFIES THIS REQUIREMENT PLEASE INSERT WITH THIS APPLICATION**

3.2 TABLE OF CONTENTS

Each Application Package must begin with a complete table of contents with page numbers identified for each major and minor section. All supporting documentation and information must be provided in the sequence indicated in these application instructions.

3.3 EXECUTIVE SUMMARY

The applicant shall summarize in an Executive Summary the applicant's key features, its capabilities as a hospital and stroke program

3.4 NARRATIVE DESCRIPTION OF COMMITMENTS AND CAPABILITIES

In this section, the applicant will describe its commitments and identify its capabilities related to the Comprehensive Stroke Center Standards and requirements of COMAR governing the Maryland Trauma and Specialty Referral Care System according to the format of questions provided.

3.4.01. Designated Comprehensive Stroke Center

Attach in an Appendix A the following:

3.4.2.6 a. A copy of applicant's license as an acute care hospital by the hospital licensing authority

in the jurisdiction in which the applicant is located; and

3.4.2.6 b. A copy of the applicant's hospital Joint Commission accreditation.

3.4.2.6 c. A copy of MIEMSS base station designation.

3.4.2.6 d. A copy of the stroke medical director's curriculum vitae

3.4.2.6 e. A copy of the stroke coordinators curriculum vitae

3.4.02 Organization- COMAR 30.08.11.02

Attach in an Appendix B the following:

3.4.2.1 a. Board of Director's resolution stating that the applicant agrees to continue to meet the standards of COMAR 30.08.11 for designation as a Comprehensive Stroke Center. COMAR 30.08.11.02

3.4.2.1 b An organizational chart showing key stroke personnel

3.4.2.1 c An appointment letter for the stroke center medical director

3.4.03 Stroke Team

Attach in an Appendix C the following:

3.4.5.1 Provide a description of the Comprehensive Stroke Center’s Acute Stroke team. Describe the team’s composition, function and responsibilities.

3.4.04 Transfer of Stroke patients in need of Higher Level of Care

Attach in an Appendix D the following:

3.4.6.1 Discuss the process for transferring the clinically appropriate stroke patient requiring a higher level of care to another Comprehensive Stroke Center, if applicable.

3.4.05 Stroke Program Volumes

3.4.5.1 a Table 1.

Acute Stroke Profile	2023	2024	2025
Transient Ischemia Attack			
Cerebral Vascular Accident			
Intracerebral Hemorrhage			
Aneurysmal Subarachnoid Hemorrhage			
Thrombolytic Given			
Total Mechanical Endovascular Revascularization			
MER per provider			
Name:			
Name:			
Name:			
Name:			
Name:			
TF-Carotid Artery Stenting (CAS)			
Trans Carotid Artery Stenting (TCAR)			
Carotid endarterectomy (CEA)			
Aneurysmal Clipping			
Aneurysmal Coiling			
Decompressive Hemicraniectomy			

3.4.06 Quality Management

3.4.06.1 a Table 2.

Fibrinolytic Therapy	2023	2024	2025
Percentage less than 60 minutes (raw)			
Percentage less than 60 minutes (GWTG)			
Percentage less than 45 minutes (raw)			
Percentage less than 45 minutes (GWTG)			
Percentage less than 30 minutes (raw)			
Percentage less than 30 minutes (GWTG)			

Form 1: Facility identification page

Maryland Institute for Emergency Medical Services Systems
Application for
Thrombectomy Capable Primary Stroke Center Re-Designation

Hospital Name

Date of Application

Official Contact Individual for This Application:

Name

Title

Address

City

State

Zip Code

Phone Number

Email Address

3.5 Appendix Checklist

Contents	Include* as Appendix #
Designated Thrombectomy Capable Primary Stroke Center	A
Organization	B
Stroke Team	C
Transfer of Stroke Patients in Need of Higher Level of Care	D
	Table
Stroke Volumes	1
Quality Management	2

*** Appendices and tables shall be included with the application.**